

**EMS AUDIT CORRECTIVE ACTION REQUEST****CAR NO.****TO EMR:****AUDIT DATE:****FROM LEAD AUDITOR:****RECEIVED BY:****DATE:****NON CONFORMANCE CATEGORY:**    ☐ **MAJOR**                      ☐ **MINOR****LOCATION:****DISCUSSED WITH:****STATEMENT OF REQUIREMENTS (ISO 14401 STANDARD)****FINDINGS/CONCERNS (Objective Evidence):****RECOMMENDATIONS:**